

Torrington PAL High School Basketball Registration Form

Log onto Facebook: Torrington PAL

Player Information:

Last Name:	First Name:
Address	Birthday:// Grade
Phone number: ()	Email Address:
Cell phone: ()	
Parent Name:	Phone ()
Disclosing this information is voluntary, efforts to keep registration fees reasonal	the sole purpose of providing data to be used for grant applications however providing this information enables us to continue to make ble and to fund community based programs. ican/BlackAsian/Pacific IslanderHispanicNative
Doctor to notify in emergency	Telephone
medical care as prescribed by a duly	atment (Minor) above named player, I hereby give consent for emergency licensed Doctor of Medicine or Dentist. This care may be essary to preserve the life, limb or well being of the
Signature of Parent / Guardian Date	
Signatures are necessary or pl PAL.	ayer will not be allowed to register with Torrington
including the owners of the facilities for the	wise indemnify the Police Athletic League, associated personnel ne Program, against any claim by or on behalf of the registrant as a ne Program. I understand there is a \$30.00 fee to play in the league ason.
Parent signature and Date:	

League fee is \$30.00

Team evaluation and selection will take place on February 1st and 3rd at Torringford School from 5:30 pm to 7:30 pm. Must be presence to participate in the program. Applications and payment with parent signature is due the night of the evaluation. Contact Officer Pietrafesa with Questions 860-489-2014. GAMES WILL BE PLAYED TUESDAY NIGHTS